Assignment fee if applicable



Submit an original and a duplicate for fee processing (Only for new nonprovisional applications under 37 CFR §1.53(b))

ADDRESS TO:  Assistant Commissioner for Patents  Box Patent Application  Washington, D.C. 20231		Attorney Docket No. First Named Inventor	400925 ITABA et al.	JC903 U.S. PTO 09/712175	
APPLICATION ELEMENTS  1. ☑ Transmittal Form ☑ with Fee			ACCOMPANYING APPLICATION PARTS     Assignment Papers		
2. Specification (including claims and abstract) [Total Pages 84] 3. Drawings [Total Sheets 44] 4. Combined Declaration and Power of Attorney [Total Pages ] a. Newly executed b. Copy from prior application [Note Box 5 below] i. Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application  1. Incorporation by Reference: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  6. Microfiche Computer Program 7. Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Copy b. Paper Copy c. Statement verifying above copies		9.	10. ☐ English Translation Document (if applicable)  11. ☑ Information Disclosure Statement (IDS)		
<ul> <li>(a) ☑ Continuation ☐ Divisional ☐ Continuation-in-part of prior application Serial No.</li> <li>Prior application information: Examiner ; Art Unit:</li> <li>(b) Preliminary Amendment: Relate Back - 35 USC §120. The Commissioner is requested to</li> </ul>					
amend the specification by inserting the following sentence before the first line:  "This is a ⊠ continuation □ divisional of copending application(s)  □ Application No. , filed on □ International Application PCT/JP98/02309, filed on May 27, 1998, and which designates the U.S."					
APPLICATION FEES					
BASIC FEE				\$710.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	<b>CO.OO</b>	
Total Claims	17 -20=	0	x \$18.00 x \$80.00	\$0.00 \$0.00	
1.100			\$0.00		
Multiple Dependent Claims(s) if applicable +\$270.00				\$710.00	

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+ \$40.00

TOTAL =

\$

\$

